

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on p. 2.

Health Department, City of Baltimore.

Permit No. A-421 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isabelle Mead

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 75 Years, 11 Months, 10 Days.

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, House Keeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Kent Co Md

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, { Give Street and Number. } 1124 Nanticoke

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Balto. Gen

Date of Burial, June 19/87

{ Undertaker, J. B. Cook } Geo D Blake M. D. Medical Attendant.

{ Place of Business, 1003 W. Baltimore } Address, 607 S. Race St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. *A-422* Office of *Registrar of Vital Statistics*.

Ward *13*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 18th*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Martin Garin.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *White* Years, *1* Months, *19* Days.

Color, *White*.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

917 Lumm St

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

917 Lumm St

Cause of Death, { First (Primary), Second (Immediate), }

Cerebral

Duration of Last Sickness, *24 hours*

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's cemetery*

Date of Burial, *June 19th 1887*

{ Undertaker, *Jos B. Cook*

Amman F. Hill M. D.

Medical Attendant.

{ Place of Business, *1003 N. Baltimore St*

Address, *12 N. Baltimore St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 423 Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1887
Full Name of Deceased, Peter Regler
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }
Sex, Male or Female, man
{ Cross out the word not required in this line. }
Age, 59 Years, _____ Months, _____ Days.
Color, White
Married, Single, ~~Widow or Widower~~, married
{ Cross out the words not required in this line. }
Occupation, Butcher
Birth Place, Germany
{ State or country, and how long in the United States, if of foreign birth. }
Duration of Residence in the City of Baltimore, 34 years
Place of Death, City Hospital
{ Give Street and Number. }
Cause of Death, Phthisis
{ First (Primary), Second (Immediate), }
Duration of Last Sickness, About 4 months

All the above information should be furnished by the Physician.

Place of Burial, E. Pul Cemetery
Date of Burial, June 18th 1887
{ Undertaker, Geo. Rimehart, Emmett C. Stuart M. D.
Resident Physician
Place of Business, Health Office, Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. **A-424**

Office of Registrar of Vital Statistics.

Ward **2**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **June 17, 1887**

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. **Phillip Sommers**

Sex, Male or Female, Cross out the word not required in this line. **Male**

Age, **6** Years, **0** Months, **0** Days.

Color, **White**

Married, Single, Widow or Widower, Cross out the words not required in this line. **Single**

Occupation, **XXX**

Birth Place, State or country, and how long in the United States, if of foreign birth. **Balt City**

Duration of Residence in the City of Baltimore, **Life**

Place of Death, Give Street and Number. **512 S Caroline St**

Cause of Death, First (Primary), Second (Immediate). **Marasmus**

Duration of Last Sickness, **Five Months**

All the above information should be furnished by the Physician.

Place of Burial, **Mount Carmel**

Date of Burial, **June 19, 1887**

Undertaker, **H. Sanderson**

Place of Business, **1710 Canton St**

Address, **1701 E Balto St**

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No.

425

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 15th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Chas Wm Hoppert

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

30

Years,

Months,

Days.

Color,

white

Married, Single,

Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Spanner

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balto

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give Street and Number. }

356 N. Ann

Cause of Death,

{ First (Primary), }

Phthisis Pulmonalis

{ Second (Immediate), }

Exhaustion

Duration of Last Sickness,

Life

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cem.

Date of Burial,

June 19 1887

Undertaker,

John Herwig

Place of Business,

2008 C. Street

Address,

711 N. Calvert

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 426 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jacob Murr

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 89 Years, _____ Months, _____ Days,

Color, white

Married, ~~Single~~ ~~Widow~~ ~~or~~ ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Merchant Tailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, About 60 years

Place of Death, { Give street and Number. } 413 W Pratt St

Cause of Death, { First (Primary), Second (Immediate), } Old age

Duration of Last Sickness, Three weeks

All the above info must be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, June 19th/87 J. M. Kingling M. D.

{ Undertaker E. F. Krause & Son Medical Attendant.

{ Place of Business, 703 Hammer Address, 612 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 427

Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17, 1887Full Name of Deceased, Elizabeth JamesSex, FemaleAge, 75 Years, 16 Months, 9 DaysColor, BlackMarried, SingleOccupation, CookBirth Place, BaltimoreDuration of Residence in the City of Baltimore, 75 yrs.Place of Death, 515 & 517 W BiddleCause of Death, Cardiac troubleDuration of Last Sickness, DropsyDuration of Last Sickness, About 9 years

All the above information should be furnished by the Physician.

Place of Burial, Samuel BernDate of Burial, June 18th 1887Undertaker, John J. AndrewsPlace of Business, 1647 Druid Hill AveAddress, 414 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 428 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Maddox Dunsigan

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 5 Years, 5 Months, 0 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 504 N. Duncan ally

Cause of Death, { First (Primary), Second (Immediate), } Cholera infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem.

Date of Burial, June 18th 87

{ Undertaker, E. J. France } J. J. Gropf M. D. Medical Attendant.

{ Place of Business, Bond & Wolf } Address, 1435 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

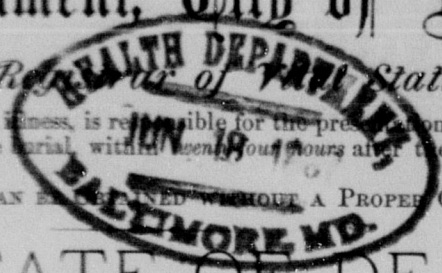
[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 429 Office of Registrar of Vital Statistics. Ward 115

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
 No PERMIT FOR BURIAL CAN BE ISSUED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 17, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hettie B. Gardner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 14 Years, 3 Months, 2 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 85 Druid Hills Ave

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, Several months
All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 18 1887

{ Undertaker, Hercules Ross }

{ Place of Business, 404 Conways Address, 1101 N. Broadway }

M. H. White, M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 430 Office of Registrar of Vital Statistics. Ward 11th

The Physician who attended any person in a last illness, is responsible for the completion of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate B. Ebb

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Seven Years, Months Days

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } 602 Hazen Alley

Cause of Death, { First (Primary), Second (Immediate), } Nothing
Convulsions

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, June 18th 1887

Undertaker, Saml W. Chase

Place of Business, 641 S. Howard Address, 206 W. Franklin St

Edward Gillackmiller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]